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CONFIRMATION NO. 1707

Bib Data Sheet

SERIAL NUMBER 09/805,187	FILING DATE 03/13/2001 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. PC-738CIP
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## APPLICANTS

Robert J. Tuttle, Ormond Beach, FL;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/189,307 03/14/2000  
 AND A CIP OF 09/124,697 07/28/1998 \*  
 WHICH CLAIMS BENEFIT OF 60/079,454 03/26/1998  
 (\*) Data inconsistent with PTO records.

*YJW RT*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none RT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/10/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	7	7	1
Verified and Acknowledged	Examiner's Signature <i>JO</i>	Initials <i>RT</i>			

## ADDRESS

23717

## TITLE

Realcall message delivery system with echo cancellation

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 1707

SERIAL NUMBER 09/805,187	FILING DATE 03/13/2001 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. PC-738CIP	
APPLICANTS  Robert J. Tuttle, Ormond Beach, FL;					
** CONTINUING DATA *****  This appln claims benefit of 60/189,307 03/14/2000 and is a CIP of 09/124,697 07/29/1998 PAT 6,324,262 * which claims benefit of 60/079,454 03/26/1998 (*)Data provided by applicant is not consistent with PTO records.					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/10/2001					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
ADDRESS 23717 LAW OFFICES OF BRIAN S STEINBERGER 101 BREVARD AVENUE COCOA , FL 32922					
TITLE Realcall message delivery system with echo cancellation					
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )			